

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38

Primary Registration District No. 3026

Registrar's No. 855

STATE FILE NUMBER 63-047050

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

Bacon

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

89 days

c. FULL NAME OF (If NOT in hospital, give location)

University of Missouri Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Camden

c. CITY OR TOWN

Macks Creek

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rt. #2

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Derlene

Middle

Waters

Last

Winn

4. DATE OF DEATH

Month

12

Day

11

Year

63

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-29-29

9. AGE (last birthday)

34

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Macks Creek Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ira J. Waters

13b. MOTHER'S MAIDEN NAME

Emma Meads

14. NAME OF HUSBAND OR WIFE

Charles Winn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Medical Records University of Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

DUE TO (b)

HODGKINS DISEASE

7 yrs.

DUE TO (c)

PNEUMONITIS

1 wk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

SEPT '63

DEC 1/63

and last saw

her

live on 12/11/63

Death occurred at

12/11/63

930

P

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William C. Gable MD

(Degree or title)

22b. ADDRESS

Winn. Hosp. Columbia

22c. DATE SIGNED

12/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-14-63

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Grove

23d. LOCATION (City, town, or county)

Macks Creek, Mo

(State)

24. FUNERAL DIRECTOR

Walter Hedges Funeral Home

ADDRESS

Macks Creek

25. DATE RECD. BY LOCAL REG.

Dec 12 1963

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Candler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.